

# State of Hawaii – Insurance Division

## NOTICE OF APPOINTMENT OF A LIMITED LINES PRODUCER BY AN INSURER

<b>APPOINTER (Insurer)</b> Full and exact name as shown on Certificate of Authority:		
State of Domicile:	Certificate of Authority Number <sup>1</sup> :	Vendor ID Number <sup>1</sup> :
<b>APPOINTEE (Limited Lines Producer)</b> Full and exact name as shown on License:		
Trade Name (dba) if applicable:		
	License Number <sup>1</sup> :	Vendor ID Number <sup>1</sup> :

TO THE INSURANCE COMMISSIONER OF THE STATE OF HAWAII:

That pursuant to the laws of the State of Hawaii, the above-named insurer, organized under the laws of their state of domicile and authorized to do business therein, and carrying on the business of insurance in said State as authorized by law (hereinafter called the “Insurer”), does hereby appoint, pursuant to Hawaii Revised Statutes §431:9A-114, the above-named limited lines producer.

Select class(es) of insurance:		
<input type="checkbox"/> Credit Life <input type="checkbox"/> Credit Disability  <input type="checkbox"/> Travel Disability <input type="checkbox"/> Travel Baggage  <input type="checkbox"/> Vending Machine – Travel Baggage <input type="checkbox"/> Vending Machine – Travel Disability  <input type="checkbox"/> Homeowners – Non-Commercial <input type="checkbox"/> Vehicle – Non-Commercial  <input type="checkbox"/> Newspaper Accident & Sickness  <input type="checkbox"/> Mortgage Life <input type="checkbox"/> Mortgage Guaranty <input type="checkbox"/> Mortgage Disability  <input type="checkbox"/> Credit Unemployment <input type="checkbox"/> Guaranteed Automobile Protection (GAP) <input type="checkbox"/> Involuntary Unemployment	Motor Vehicle Rental Company: <input type="checkbox"/> Emergency Sickness Protection Program <input type="checkbox"/> Incidental Travel <input type="checkbox"/> Liability Insurance <input type="checkbox"/> Personal Accident Insurance <input type="checkbox"/> Personal Effects Insurance <input type="checkbox"/> Roadside Assistance <input type="checkbox"/> Underinsured Motorist Insurance <input type="checkbox"/> Uninsured Motorist Insurance <input type="checkbox"/> Vehicle Related Coverage	Other (please specify): <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

This appointment will be in force until either party terminates the appointment in compliance with Hawaii Revised Statutes §431:9A-115.

Signature of Insurer’s authorized representative	Print name of signer	Date signed
Signature of Limited Lines Producer or agency’s designated representative	Print name of signer	Date signed

<sup>1</sup>You can look up this information on our website, <http://www.ehawaii.gov/org/serv/hils>.

**Submit two (2) of these forms with original signatures. Incomplete forms will be rejected.**

HAWAII INSURANCE DIVISION, ATTN: Licensing Branch, P. O. Box 3614, Honolulu HI 96811-3614  
 (Express mail only: 250 South King Street – Fifth Floor, Honolulu HI 96813-4586)

**FOR STATE USE ONLY**